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Original.

THE OPERATIVE PRINCIPLES OF MEDICAL AND BIOLOGICAL SCIENCE.

BY W. R. DUNHAM, M. D., KEENE, N. H.

Continued from last number.

To proceed in the direction of disease problems, after ruling out of consideration diseases of the vital property sensibility and construction of malignant growth, we have left two grand divisions of disease to be recognized that constitute a large share of disturbances in the field of practical medicine.

With the two grand divisions there may be recognized, first, diseases of sensation; second, diseases of sensation and instinct co-operatively.

A great variety of disease exists as abnormal sensations, some kind of bad feeling, from which the patient seeks relief. A condition of discomfort, relative to which the physician must accept the testimony of the patient. With such ailments there seems to be no other of the four vital properties disturbed to any great extent.

And the treatment for this class of ailments consists largely, but not wholly, in effecting measures for an exchange of sensations. A swapping of sensations, from relations of medicinal contacts, that will occasion a more agreeable sensation. This constitutes a very large department of disease and field of medical practice, while I have time only to outline its existence in the field of operative proceedings.

All our happiness and all our misery is experienced and made known to us in the name of sensations and sensibility.

And, in illustration of a few of the many peculiarities in association with the function of sensation, I will mention that hunger, thirst and weariness are factors of sensation; speaking and communicating with sensibility; soliciting aid from the exercise of this special life and mind function.

Thus, while hunger and weariness may be relieved with food and rest, also certain kinds of material medicine may effect a swapping of sensations, relative to which the mind may reason fallaciously. The contact presence of alcoholic spirit usually occasions an agreeable sensation. Thus, the sensation of weariness may be exchanged for a more agreeable sensation with this remedy.

Therefore, the patient, feeling less weary, persuades himself to accept that he has more strength from a contribution of supplied energy. It is stated in the United States Dispensatory "that alcoholic spirit gives energy to muscles."

In such instance the person has not become the recipient of more strength; there has only been effected a swapping of sensations. The existing and new sensation not representing the true condition.

A large amount of correct medical practice is implied in the swapping of sensations, while the method of swapping may be more of less disadvantageous in many instances.

Too frequently, it is true, that what are called nerve tonics and nerve foods are not foods in any sense whatever, but merely chemical compounds that effect an exchange of sensations.

The modern treatment of alcoholism consists in effecting an exchange of sensations.

It will be discovered that it is very difficult many times to solve disease problems without first recognizing the special functions of the four vital properties.

That wonderful discovery of strength-giving product found in cocoa leaves and the kola nut also furnishes an illustration where an exchange of sensation has been effected. There is sufficient in this department to engage our attention for many hours, but I will close with the following quotation: "All authorities attribute to kola a remarkable power in augmenting the bodily and mental strength. On long marches the natives were accustomed to carry with them a supply of kola nuts, and, if food was lacking, recourse was had to them in order to allay the growing pains of hunger; if water was unobtainable, thirst was assuaged by chewing a small portion of one of these nuts."

With the second grand division of disease implied in the abnormal function of sensation and instinct co-operatively we not only have the function of sensation to recognize, but to recognize with such degree of abnormal sensation as to occasion instinct to exercise pathological vital action. Pathological action is active disease, in distinction to abnormal sensation, which may be called passive disease.

It might be well in this place to define disease as it should appear in dictionary definition.

And the most scientific definition that can be expressed in language is, that disease is the abnormal exercise of one or more of the four special active vital properties. There is no agency, no active principle that exercises pathological action—that exercises morbid action—except the abnormal function of the active vital principle.

Disease begins with an abnormal sensation. The cause of disease does not act. It exercises no influence. It is passive even to the fullest extent of what such word may imply. The cause of disease causes abnormal sensation by its contact presence, while disease may continue to exist merely and only as an abnormal sensation, or the abnormal sensation may exist to a degree that is succeeded by an involuntary pathological activity marshaled into service by the function of the life property—instinct—constituting the second grand division of disease previously defined.

A thorn thrust into the flesh may only cause abnormal sensation; or, it may cause abnormal sensation to a degree that is succeeded by active inflammation, which constitutes pathological vital action; in other words, active disease.

One simple problem, perfectly understood, is as instructive as would be a thousand similar problems.

Provided the human organism is made operative, by virtue of a life force agency, defined in the name of the four active vital property functions, and that said functions can be abnormally manifested, it then becomes evident beyond the possibility of supported contradiction that the alleged mysterious agency expressed in the language of "active cause of disease" and also the alleged "active medical principle," are no more or less than manifestations of pathological vital action. In other words, those two alleged departments of agencies or active principles incorporated into the doctrines of medical science are no different operative agencies than the abnormal functions of the active vital principle.

Thus, medical science has no different operative principles from what exists in biological science, in the functions of the four active vital properties.

There is no practical advantage,

no more intelligence expressed, no scientific principle illustrated to better advantage in the use of such phrases than there would be to attribute all operative active principles to the functions of the active vital properties.

As fundamental ideas in the field of medical and biological science it is essential that we recognize that what is called the action of medicine and what is called the action of disease and pathological vital action; also that the action of poisons constitute but one and the same kind of operation.

The phrase pathological vital action expresses all that is implied in such operations.

There is no scientist who can define and demonstrate any distinction between those four alleged operations expressed in the varied language here used.

The two grand divisions of disease constitute a very large subject, but we must dismiss this department and briefly consider the general relations of material medicine to the operative human organism. In the treatment of all disease from a medical standpoint the physician must appeal to the sensation; must either effect a change of sensation or occasion a new sensation of such degree as will be succeeded by such special involuntary vital action as seems proper, in his judgment, to have established. The physician may cause the sensation of nausea, with a view to establish the operation of emesis.

Medicine does not act—it has no active principle. It causes a sensation, in response to which instinct inaugurates a special involuntary vital act.

It is by the producing of sensations with medicinal contacts that enables the physician to harness up and utilize to a limited extent the involuntary life force agency. The physician cannot supply "active medical principle," but he may modify and indirectly guide the involuntary active vital principle.

How all these general principles apply to each department of special disease constitutes another large subject that must be dismissed that we may take up a different application of scientific principles.

To go back and recognize that disease begins with abnormal sensation, it then becomes important to consider what constitutes the variety of causes of abnormal sensation. Abnormal sensations are produced by contact relations in a very large majority of instances; and, while it is not important to enumerate the special causes in detail, it is extremely important to recognize the different divisions of such causes.

Thus, I mention, a surplus quantity of nutrient material may be a cause of abnormal sensation. Also, ultimate elements, chemical compounds, pathological products, chemical changes with such products, mechanical relations of congestion and elevated temperature of the blood.

And, in addition to the several divisions of causes that occasion abnormal sensation, I will also call attention to a distinction which exists with causes, that must always be recognized when considering disease problems.

That is, in accordance with the nature of things, we must recognize the distinction between primary and secondary causes of disease—causes of pathological vital action. In other words, in this connection we are required to recognize that no disease known by any name has its beginning and continuance from a primary cause.

Whatever the primary cause may be as the first cause of disturbance, in a brief time secondary causes are made to exist, such as pathological products and chemical changes with such products, congestion, infiltration and elevated temperature of the blood.

Each day new secondary causes are developed in some of the divisions enumerated.

No doubt you have all discovered that in accordance with the theory presented, no provision has been made for the discontinuance of pathological action. Therefore, it is important to call your attention to an unmentioned principle associated with the living human organism, which provides for such emergency.

This principle is called toleration, which implies that a cause similar to what has existed may continue to exist; yet the cause fails to develop a continued disturbance.

It is this principle which enables a person to become acclimated in a malarial district. It is this principle which measures the time in more or less of the self-limited diseases, and also interferes with a similar medicinal effect in the use of long-continued remedies.

This principle is a wise provision in nature, made applicable for self-preservation, and a condition to be artificially induced by medication in the treatment of some forms of disease. The existence and application of such principle is too well understood to require further illustration in proof of its association with the affairs of the living human organism.

Medical and biological science is not that crude department of operations as given interpretation by the ancient mind in supplied powers of "active medical principles," but is implied in many very fine distinctions of operative active vital function; and it will be accepted sooner or later that the active vital principle alone, with its four distinct functions, constitutes the operative principles of medical and biological science.

In medical and biological science we are required to recognize finer distinction of intricate relations than is taught in the schools.

Ideas mean something. The physician has no more scientific use for the phrase "active cause of disease" and "active medical principle," than has the astronomer for the phrase "the sun's revolution around the earth."

Such phrases are misleading, not representing either facts or operative principles, and are largely responsible for the scientific ignorance that pervades the non-professional mind. The laity have great expectations from the working qualities of alleged "active medical principles." Thus it is often a matter of too great indifference as to who shall supply such presumed operative agencies for the cure of disease Therefore, when the laity are elevated to a comprehension that the physician cannot supply "active medical principles," but is restricted to the guiding of the involuntary-active-vital principle, it will be unnecessary to pass laws to regulate the practice of medicine, for no well-informed person will then employ an alleged physician who is not well educated relative to the functions of the co-operative vital force agency in its many relations to the great variety of disease.

The criterion of ability will be vested in a knowledge of this department of nature's operative forces.

It is of the greatest scientific importance to recognize whether the active principle exists in material medicine or in the living human organism.

Among the serious delusions that have pervaded the mind, none have equaled in magnitude or been perpetuated with greater assurance than the belief that some external agency—some external active principle, not vital—was ever acting on the human organism, either injurious or beneficial.

The idea that the human organism was complete in itself, endowed with all the active principles in itself; endowed with all the active principles necessary for life operations, has not been accepted as among the provisions authorized by the Great Architect of the universe.

This doctrine of operative agencies not vital was given publicity during the dark ages, and the modern mind thus far has failed to escape from the influences of this ancient superstition, and the only reason for the long toleration of such acceptance is implied in the failure to comprehend the true nature and varied functions of the vital force, and how such functions co-operate.

We are living in an age of approximate intellectual equality in matters of science, where, in place of a few leading minds being delegated to read and interpret the pages of nature, the whole human family of culture will be equally capable of reading this book for themselves.

A PRACTICAL STUDY OF THE BLOOD AND THE CIRCULATION, WITH A HISTORICAL REVIEW OF THE SUBJECT AND ITS BRIEF CONSIDERATION FROM THE STANDPOINT OF ITS CLINICAL COMPOSITION, ANATOMICAL STRUCTURE, AND PHYSIOLOGY; INCLUDING CLINICAL STUDIES, AND EXPERIMENTAL RESEARCH ON THE LOWER ANIMAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

Continued from last number.

PART V.

THE VENOUS BLOOD.

In the regular order of the consideration of the three vascular systems which convey the blood through the body the capillary should next engage our attention; but, inasmuch as my researches on those minute structures have been rather extended, and in some few particulars original, it has been decided to leave this for the third and last division of the normal circulation, when it will be taken up conjointly with the hematic elements; therefore, while at this stage of our inquiry, a few observations will be made on veins.

There are many features connected with the flow of blood through the living veins which are very remarkable, and the manner of their repair after laceration or puncture is in some respects most extraordinary and difficult of interpretation. For example, we thrust the conical end of our thumb lancet into the median-cephalic and make a wide breach in its walls; the blood comes forth in a gush, in such quantities, as the necessities of the case require; we remove our constricting bandage, place a pad over the vent, under moderate pressure—and what happens? First, the aperture is closed to the escape of blood. Second, the divided edges come together, and the third, in a short time, the lumen of the vessel reopens and the circulation is once more re-established.

Again, we undertake a phlebotomy in one in a state of agitation, and we divide superficial vessels we will no blood will flow.

Again, when blood flows from a vein slowly, one, two or three pounds may be lost, with comparatively no serious constitutional disturbance, while with the same quantity suddenly ejected from an artery the most alarming or even fatal syncope may follow. Now, what deductions may we infer from these facts?

First—That the venous is a passive current; that it exercises practically no positive pressure; that it is probably quite independent of cardial impulse; that the venous system is but a reservoir for the reception and storage of the deoxygenated vitiated capillary blood, which moves onward toward the heart rather by respiratory movements and suction than by a vis a tergo.

The vaso-motor system of nerves powerfully acts on the venous system, more directly, it has seemed to me, than the arterial, for while the pulse yet beats a full stroke the open veins will not give issue to a drop of blood when the patient is under the influence of fear or great agitation. In some of my experiments it was apparent by various tests that the finer arteries and capillaries moved on—the blood current being quite independent of all nerve influence—by their own inherent vital properties.

Clinicians of former times noted that the escape of moderate quantities of venous blood rather gave fresh energy to their patients than exhausted them; to us a paradox—that their loss was a gain.

Danger through exhaustive escape of venous blood comes rather through a disturbance of the equilibrium of the blood current than an abstraction from it. The blood is highly charged with a gas of active noxious properties, which is carried to the pulmonary glands to be blown off with the expired air. It is true, that the clinical and physical properties of the venous blood are in certain respects similar to the arterial, which is admitted, but a comparative esti-

mate of those vital elements which elude the scientist cannot be determined.

We know that the physical and clinical elements of uremic blood are quite similar to those in health, yet the effect of this fluid is to favor dissolution. Recent observations have quite conclusively proven that weak saline solutions, in extreme acute anemia, injected into the vessels, are quite as effective as defibrinated venous blood. We might, perhaps, estimate the vitalizing properties of the carbonized and decarbonized blood with the so-called "live" and exhaust steam of the engine. As the fresh steam enters the cylinder its energy is tremendous; when in a moment after imparting motion to an inanimate mass, its elasticity and energy have departed, to be only restored again through a renewal of its vitality under the influence of heat. Time will prove that the functions of the lungs are much more complex than is generally supposed, and that something more has taken place in the air vessels than the elimination of carbonic acid and renewal of oxygen. The loss of venous blood gives relief by lessening the burden thrown on the right ventricle—much on the same principle that the energy of an engine is more effective when concentrated in moving a few pieces of machinery than several. A diminution of the volume of blood is soon made up by dilution, the corpuscular elements are reduced in number, and, hence, the work of pulmonary rehabilitation is more effectively performed.

Anatomically and pathologically, the veins present many features of great interest. They are very thin-walled, with little or no muscular or elastic substance in the middle tissue, so that through their transparent envelope we may easily outline their deep blue contents. Many of them have sacculated reduplications or valves, and in different regions they possess special characteristics. In the portal system they are destitute of valves, in the liver they are so tunneled through its substance as to remain permanently dilated. In the skull we find the main venous channels at the base, so encased in furrows of bone as to be effectually protected against compression. The pulmonary veins carry arterial blood and the spermatic or pampiniform plexus possesses many dered to duty November 1 in charge of the characters of arteries in their composition. The venous system is estimated to have a capacity from four to five times greater than the arterial, capillary and the lymphatic; the latter this system drains by way of the thoracic duct. In fact, as it sweeps over the extensive areas of the body it gathers up all the products of tissue metabolism, waste and disintegration to carry them on to the liver, or the lungs, for their destruction, elimination or their transmutation into new elements.

It is highly probable that under a vast number of circumstances, when toxic infectious elements accidentally enter the economy through the integumental or mucous surfaces, or through punctures or abrasions, they are first caught up by the capillaries and delivered to the veins, and under normal conditions are seized on by the hepatic or pulmonary epithelia and destroyed before the depurated current is prepared to enter the left chambers of the heart. In the extremities we have two separate sets of veins—the superficial and the deep. We will commonly observe that as the veins traverse through the tissues that their coats are intimately incorporated with structures in which they lie, and that their position is more or less fixed. Their feeble framework renders this necessary and saves them from the effects of severe strain. This is obvious in many situations wherein this provision is wanting or is inadequate. In this particular they widely differ from the artery, which must have free and unfettered action to perform those movements incident to the propulsion of the blood into the capillaries.

The vein in an exposed situation, after laceration or puncture, is a docile organ, and hemorrhage from it is controlled with the greatest ease and certainty, unless the blood itself is the seat of pathologic changes.

Local pathological changes in the veins are very much more frequent than in the arteries. Varix of the hemorrhoidal, saphenous or the spermatic plexus, a localized distension of the walls of the vessel, is as common and harmless to life as its congener, arterial sacculation, or aneurism, is unusual, serious and mortal.

In the veins the current is languid and quite devoid of that impetuous rush so characteristic of the arterial torrent.

From the foregoing it is evident that:

First—The venous system serves only to receive and store the blood as it drains the capillaries.

Second—In contradiction to the arterial system its functions are passive and it probably is entirely devoid of any contractile energy.

Third—Its tubular conduits serve only as inclosed furrows for guiding and conveying the vitiated blood current, and are in no manner concerned in the centrifugal motion toward the heart.

Fourth—In this system of vessels we may observe in a large degree the movement of the living fluid in response to the laws of the hydrodynamics. The blood has now been sent through all the tissues and has parted, in a large measure, with those vital properties which lend so powerful an element to its energy, and is impelled through those valvular channels rather by mechanical agencies than its own vital principle.

Fifth—Venous blood decomposes much more quickly than arterial. In combination with the lymphatic vessels it performs the scavengering of the entire body, taking up and carrying to the lungs for destruction all effete or noxious materials lying in its pathway.

Sixth—The veins offer great resistance to trauma, and when wounded undergo almost immediate repair, but often at adult age they are very frequently the seat of pathologic changes, and in systemic infections offer less resistance than the arteries.

(To be Continued.)

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PHILADELPHIA, OCTOBER 19, 1895.

LOOKING AHEAD.

At this early date we are beginning to forecast as to the best plan for improving the value of The Times and Register for 1896. We trust our constant subscribers have noted such changes as have been made in the past looking toward the bettering of this journal. We see the possibilities of greater improvement and usefulness to the profession during the coming year by abandoning some of our former lines and working with greater energies upon others, although not entirely new to this periodical.

In the first place, beginning with

the first issue in January, 1896, we propose to unite the pages and material now supplied twice in two weeks into one larger and better volume, with a handsome cover, delivered to our subscribers every other week (Saturdays)throughout the year. Thus in place of twenty pages of reading matter every week we will issue forty pages of reading matter every fortnight.

We expect during the coming year to have some very excellent practical material from the pens of some of our most able professional men. In order to do this the expense of production, instead of being less than at present, will be decidedly more, but we feel confident that it will soon pay for itself in the increased subscription list which such a journal will warrant.

For the past two years we have been placing our journal at the nominal price of $1 a year. While this has given us a largely increased circulation and accommodated itself to the hard times the past years, it has not warranted us in making the improvements which we now contemplate; hence, after January 1 the subscription price will be advanced to $2 a year. However, for the benefit of our old subscribers, we propose to continue such subscriptions for one year as are received prior to January 1, 1896, at the old rate, of $1, and such new subscriptions as are received prior to that time will have equal chance.

We also expect to remove the editorial office to Boston, Mass., shortly, continuing the business offices as at present, under the immediate charge of Dr. Joseph R. Clausen, the business manager. The editorial staff will remain as at present, Dr. Parsons simply conducting the journal from "the Hub."

While reducing a weekly journal to a bi-weekly may appear to some minds in line of retrogression instead of progression, we can confidently assure all our friends that this will not be so in our case, as they will see later on. We contemplate using better paper, better typography and double the amount, both in material and circulation, than we now produce in a weekly issue. We are confident all our subscribers will be much pleased with the changed appearance, and, inasmuch as the same volume of work now done will appear during the year 1896, there will be increased value to the "Times and Register." Send in your subscriptions to embrace the $1 offer.

THE MEDICAL TIMES AND HOSPITAL GAZETTE, OF ENGLAND, THUS ENCOURAGES THE YOUNG MEN OF THAT COUNTRY IN THE PRACTICE OF MEDICINE AS A PROFESSION.

"Those who contemplate entering the medical profession ought to be told that the profession is so overcrowded that it will not be possible for young medical men to earn an adequate income from the honorable practice of their profession unless they are able to buy good partnerships, obtain public appointments, or are fortunate enough to be the sons of medical men in good general practice. Failing this they may keep the wolf from the door by accepting the position of "medical officer" to a Medical Aid Society, starting a sixpenny dispensary, or like some of our confreres at Liverpool, by entering into arrangements with grocers and others to attend gratuitously purchasers of a pound of tea or other article in wide domestic use!"

Surgery.

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ENLARGED PROSTATE.

BY ARTHUR T. CABOT, M. D., BOSTON.

Hypertrophied Prostate, etc.

We intend to confine ourselves in this discussion to the treatment of cases of enlarged prostate. It is necessary, however, to briefly review the pathological changes involved in hypertrophy of the prostate, in order to properly understand the indications for treatment.

The increase in size is due in part to a hyperplasia and hypertrophy of

the glandular portions of the organ, and in part, also, to a great increase of fibrous and muscular tissue throughout the prostate. Sometimes the fibrous tissue forms distinct tumors, similar in many respects to the fibroids so common in the uterus.

This overgrowth in the prostate may be circumscribed and mainly confined to certain parts of the organ, or it may be generally diffused. Its main interest to us lies in the question as to the extent to which it encroaches on the urethra and thus interferes with the outlet of the bladder. If one lateral lobe is especially enlarged it pushes the urethra to the opposite side, and the lateral pressure may so flatten out the canal as to greatly impede or to prevent the flow of urine through it.

The part of the gland more commonly concerned in the obstruction to urination, however, is the so-called third lobe, which lies between the ejaculatory ducts and the bladder, and which really forms no distinct lobe except when hypertrophied. Then it may project far back into the bladder as a rounded swelling, or may form an elevated ridge below the urethral orifice, and, in either case, is likely to act more or less as a valve to occlude this orifice.

It is not then the size of the prostate gland merely that causes the obstruction, and a very large prostate may not encroach on the urethra sufficiently to interfere with its functions, while, per contra, a moderate enlargement of the third lobe may entirely close the orifice of exit from the bladder.

According to Guyon there is a primary stage of congestion of the prostate which precedes the state of enlargement and to which the earlier symptoms are due. This is a condition which cannot be clearly recognized after death, and the existence of which is made probable by clinical evidence rather than proved by demonstration.

Associated with enlargement of the prostate, and to a great degree dependent upon it, are other serious pathological changes. The efforts of the bladder to overcome the obstruction in the prostate naturally lead to a hypertrophy of the muscular coat of that organ; and presently the failure of the bladder to completely free itself of the urine leads to its dilatation.

Sacculation is caused by the protrusion of the mucous coat, forced between the fibres of the muscular tunic by the efforts of the organ to empty itself. Extending further backward the obstruction gradually leads to dilatation of the ureters and the pelvis of the kidneys. Associated with these changes we frequently have a slowly forming scerosis of the kidney, due to hypertrophy of the interstitial tissue.

Inflammatory changes in the genito-uninary organs behind the prostate are also brought about, and, when once existent, are perpetuated by the obstruction in the prostate. Cystitis, which is usually the first inflammatory condition to appear in these cases, may be induced by a stone forming in the residual urine, may result from some exposure to cold or to some uncommonly irritating condition of the urine, but usually owes its inception either to the irritation of some instrumental interference or to micro-organisms introduced on urethral instruments.

Inflammation in these cases, starting in the prostatic urethra and about the neck of the bladder, may have a vesiculitis or epididymitis associated with it. Later it may extend backwards through the ureters to the pelvis of the kidneys, to there set up a pyelitis, and, later, a pyelonephritis. This backward extension is greatly favored by the dilatation of the ureters which so often precedes the inflammation. — Boston Med. and Surg. Journal.

DOUBLE DISTAL LIGATURE FOR INNOMINATE ANEURYSM.

A man aged 49 suffering from a large and thin-walled innominate aneurysm which had produced dislocation forwards of the right clavicle, and which had defied the usual medical measures of treatment, viz.: prolonged rest, iodide of potassium, etc., is now under surgical treat-

ment at the Mater Misericordie Hospital. His right subclavian and common carotid arteries were simultaneously ligatured three weeks ago, and both wounds have long since closed per primam. Consolidation has not, however, taken place in the aneurysm, but its pulsation has become must less strong, while its walls have become thickened by fibrinous deposit. The arteries of the patient's right arm are, moreover, pulseless. The distal operation for innominate aneurysm, which the writings of Mr. Barwell, of London, have done so much to popularize with surgeons, has been performed on three occasions only in Dublin—once by Mr. Conway Dwyer, of Jervis Street Hospital and twice by Mr. Coppinger, of the Mater Misericordie Hospital. The first two patients are now well and apparently cured of their disease, while the last, the most serious of the three, promises fairly.—Lancet, Aug. 24.

THE TREATMENT OF OBSTRUCTION OF THE COMMON GALL DUCT.

McGraw (Annals of Surgery, August, 1895) is strongly opposed to the operation of cholecystenterostomy for jaundice caused by calculi in the common ducts, and holds that though it is easy of performance and gives speedy relief, it belongs to the period of development in the surgery of the gall ducts, and cannot long retain the place which it now holds. The operation, which has been frequently performed since the introduction of Murphy's button, though it gives relief, fails to come. The stone which caused the obstruction remains in the common duct, irritating it by its presence, and threatening suppuration with all its dangerous consequences. The adhesion established between the gall bladder and bowel will inevitably produce at times great traction on one or other of these organs, and interfere with their movement and with the performance of their proper functions. Again, the adhesions produced by gall stones are often more serious and cause more disturbance—colicky pains, flatulence, chronic dyspepsia—than the passage of the gall ducts themselves. After the operation, while the gall bladder takes on itself the function of the common duct, the latter becomes to all intents and purposes an abnormal gall bladder, which may contain stones and be irritated and inflamed. It is not yet known how long the artificial fistula between the gall bladder and the intestine will remain open and permit the free flow of bile. The tendency of such orifices, it is pointed out, is to gradually contract and close. The only rational procedure in cases of obstruction of the common duct by stone is, the author holds, removal of the obstructing body. If the patient be so exhausted by long-continued jaundice that a prolonged operation is inadvisable, the surgeon should establish a biliary fistula through the abdominal wall, as that procedure would give as much relief as the operation of cholecystenterostomy, without injurying the intestines or establishing new adhesions within the abdomen.

THE ACTION OF ERYSIPELAS SERUM ON MALIGNANT GROWTHS.

Kopfstein (Wiener klin. Rundschau, 1895, Nos. 33 and 34) has tried the action of three different strengths of serum from sheep inoculated with erysipelas streptococci in 15 cases of malignant disease; 13 of these were carcinoma, one sarcoma, and one malignant lymphoma. In almost every case the injection was accompanied by violent burning pain in the tumor, often lasting some hours. Severe headaches and pains between the shoulders and in the loins were almost the rule; while many of the patients suffered also from joint and pleuritic pains. Rigors, with grave general cyanosis, followed by great weakness, were seldom absent after the injection; in one case two rigors followed a single injection. As a rule injection was followed by a rise of temperature, the highest being 105.8 degrees, the average 101.2 degrees. The rise was us-

ually with the rigors, but in one case the temperature reached 103 degrees without a rigor. The fever came on half to one hour after the injection, and lasted four to six hours. There was no albumen in the urine. Other occasional consequences were nausea, vomiting, noises in the ears, diarrhea, palpitation, epistaxis and dyspnea Injection of the primary tumor had no effect on the secondary growths, but rather led to an increase in the size of the glands. Injections into the metastases did not affect the primary growth, but the metastases themselves became a little harder than before owing to an increase of connective tissue. The carcinomatous nests were, however, unaffected. Primary non-ulcerated growths behave like injected metastases. There was prolonged swelling and tenderness after the injection, at the seat of which an abscess formed in one case. In another the tumor broke down, and discharged carcinomatous masses without pus. Ulcerated growths showed well-marked reaction to injection. The base took on a healthy appearance, the stinking secretion disappeared, and the edges became flatter and eaten out. In some cases the whole basis and margin softened, and numerous islets of soft red tissue shot up on the healthy soil. Histological examination of these, however, showed granulation tissue, containing cell nests with perfectly formed cancer cells. The secondary growths were in no instance affected. The only action upon malignant lymphoma was clearing up of a gangrenous ulcer, while a sarcoma of the ilium became larger after injection, and the patient developed sciatica, which had not before been present. Kopfstein hence considers the action of this serum to be purely local, the tumors undergoing alteration only in the immediate neighborhood of the injections. Even where diminution of the growth occurs, which is mainly in lucerated cases, no prospect of cure can be held out. He strongly indorses Burns' view that this new method has not in the least advanced the non-operative treatment of malignant disease.

Medicine.

IN CHARGE OF
DR. E. W. BING, Chester, Pa.

THE TREATMENT OF ITCHING IN URTICARIA.

Berliner, of Aix la Chapelle, recommends (Gaz. Med. de Liege, Aug. 22) the following method for the relief of itching in urticaria. The affected surfaces are first wetted with cold water, and then rubbed for ten to fifteen seconds with a minute quantity of common table salt with the pulp of the wetted forefinger. After the friction a small quantity of oxide of zinc ointment or rice or starch powder should be applied. The application soon causes a pleasant feeling of freshness, the itching diminishes or ceases, and the papules disappear. When extensive surfaces have to be dealt with, the saline frictions should be made gradually over limited areas lest too intense a mechanical irritation be produced. At the same time tepid bathing and appropriate dietetic and other treatment should be employed.

SULPHONAL, TRIONAL AND TETRONAL.

Bresslauer and Joachim (Centralbl. f. d. gesammte Therapie, August, 1895) compare the value of these hypnotics: (1) Sulphonal has certain disadvantages. Its action is slow, owing to its being nearly insoluble, and sleepiness rather than sleep is produced. After long use (1) vomiting and constipation; (2) ataxia of the lower limbs with paralyses and muscular spasms; (3) anuria, ischuria, and hematoporphyrinuria have been observed, some of these cases ending fatally. The authors have had no bad results since they made a rule never to give it for more than three days in succession, in doses not exceeding two g. pro die, and to regulate the bowels and kidneys. It should be exhibited always in hot water (tea, etc.) in as good solution as possible. (2) Trional acts excellently in neurasthenic insomnia, chronic and periodic mania, etc. The

authors (contrary to the experience of many) have had good results also in melancholia, and hallucinations accompanied by violence, even 0.5 g. having a sedative effect. Experiments have shown that animals can be poisoned in exactly the same way as with sulphonal, and in man up till now four cases of poisoning (two fatal) have been recorded. Its action is cumulative and delayed from 15 minutes to three or more hours after administration, but this is not nearly so marked as with sulphonal. Sleepiness continues in some cases during the next day and even night. Symtoms of poisoning were observed in a number of cases after continued administration, namely, dullness, giddiness, headache, anorexia, obstinate constipation, ataxia of the lower limbs, and sometimes oliguria or even strangury. Noises in the ears, cutaneous hyperesthesia (Friedlander), any marked action on the heart and respiration or epigastric pain (Koppers, Romert) were never observed. Such transitional cases lead up to the more marked ones of chronic poisoning, where the symptoms are very much like those of sulphonal poisoning, ending in hematoporphyrinuria, hyperacidity of the urine, and death. Reinecke recently reported a case in which 40 g. spread over three months, caused severe poisoning. The fact of this idiosyncrasy makes the following rules necessary: (1) Trional must never be given continuously in larger doses than one to two g., and always in a large quantity of warm fluid—soup, tea, etc.—in which it is readily soluble. (2) After administration for four to six consecutive days, breaks of several days must be made. (3) The patient should take some natural alkaline mineral water during the course. (4) Constipation must be corrected. (5) If hematoporphyrinuria be present, the drug must be discontinued at once, diuresis and free evacuation of the bowels obtained, and the blood neutralized with four to six g. sodii bicarb, pro die. If these precautions be taken, trional is one of the best and relatively safest hypnotics. (3) Tetronal has all the disadvantages of sulphonal without its power, its action being more sedative than hypnotic. If given, all the precautions necessary for sulphonal and trional must be taken.

THE TREATMENT OF CHRONIC CONSTIPATION WITHOUT MEDICINE.

J. Schreiber (Wien. Med. Presse, Nos. 21 and 22, 1895) calls attention to the great change in the treatment of chronic constipation during the last ten years. Before he had adopted the mechanical treatment he was unsuccessful in relieving 10 per cent. of his patients; since then he has had only three failures in 100 cases. His course of manipulation extends over six weeks to three months, and consists in systematic massage of the large intestine for eight to ten minutes daily. A considerable amount of power is employed, and the rubbing and pressure are directed by anatomical considerations. The cure is assisted by gymnastics and exercise; if necessary, mild aperients may also be employed. The diet also is carefully regulated. Before massage is begun the absence of floating kidney, uterine or ovarian disease must be ascertained. Schreiber distinguishes four forms of chronic constipation: (1) In strong, healthy, often young patients; due to hereditary predisposition or sedentary life, or to no ascertainable cause; (2) from the endless forms of digestive disturbance; (3) in patients weakened by neurasthenia or anemia; (4) in the corpulent. In all these the mechanical treatment is the most certain means of cure.

Gynecology and Obstetrics.

BREECH PRESENTATION: RUPTURE OF CHILD'S PERINEUM BY MIDWIFE.

Sawicky (Przeglad Chirurgiczny, vol. ii, part 3, 1895) writes of a breech case which the midwife mistook for a vertex presentation. After a few hours the child was delivered, the breech coming first. A rupture of

the perineum was detected. A month later Sawicky was consulted, as the child suffered from incontinence of urine and feces. There was the usual eczema, with cystocele, cicatrization of the perineal rent, a very patulous vaginal opening, and slight prolapse of the rectum. The anus was involved, the rent extending through the external sphincter. The eczema was cured and then the parts repaired by Tait's operation. The anterior part did not unite, so the vulva still gaped while the posterior part of the perineum and the anal ring assumed their normal condition. There was no more incontinence of urine or feces. The mother had been normally delivered eight times before, the vertex presenting on all those occasions. Laceration of the child's perineum occurs sometimes in breech presentations—which was not suspected at first in this case owing to the previous history—through the child's anus being mistaken for the mother's os uteri, and dilated in consequence by the finger of the midwife.

TWIN LABOR: PLACENTA PREVIA CENTRALIS.

Kahn (St. Petersburger Med. Woch., No. 16, 1895) relates a very complicated labor. The patient was 23 years old. She had borne one child. Her last period was in May, 1894. Three floodings occurred. On October 30 Kahn found her very anemic. The uterus reached to the umbilicus, and was contracting; fetal heart sounds were audible; the placenta was presenting. At 11 P. M., severe hemorrhage having come on, in spite of hot irrigations and the tampon. delivery was hastened. The os already admitted three fingers. In attempting to separate the placenta from its attachments some time was lost, as there were firm adhesions. Kahn therefore pushed his hand through the middle of the placenta. A great quantity of liquor amnii escaped. A male fetus, seven inches long, was then extracted with ease, the head presented. Then the feet of a second fetus could be felt through a second bag of membranes. Hemorrhage ceased for awhile, and restoratives were given. A few hours later, as the patient looked very ill, delivery was hastened. The first placenta still adhered firmly, and had to be separated—a task which proved very difficult. Then a dead female fetus, smaller than the first twin, was extracted. Lastly, the second placenta, adherent to the posterior part of the uterine cavity, was detached with considerable trouble. The cavity was packed with iodoform gauze. The patient rallied, and was warned not to get up for three weeks. On the eleventh day she stepped out of bed and immediately fainted. On recovering, she noticed that her right arm and leg were weak and she could not speak easily. Next day coma set in and ended fatally.

TUBAL ABORTION AND OPERATION.

Piering (Centralbl. f. Gynak., No. 29, 1895) recently exhibited before a German society a specimen illustrating tubal pregnancy which had ended in abortion at the fourth week. The ovum was discovered, quite uninjured, amongst clots in Douglas' pouch, and the ampulla of the tube showed, under the microscope, all the signs of ectopic gestation. Though the abortion was complete, internal hemorrhage was so severe that an operation had to be performed. That patient recovered. This case proves that surgical interference is needed in complete, just as in incomplete, tubal abortion.

PUERPERAL TETANUS.

Walko, of v. Jaksch's clinic (Deut. Med. Woch., September 5, 1895) relates a case occurring in a woman, aged 23, and treated by Tazzoni's antitoxin. The disease began about ten days after delivery with sudden trismus. On admission there was marked spasm of the jaws and the head was drawn back. From time to time there were general spasms. Vaginal examination by Rosthorn revealed little of importance. The body of

the uterus was dextroverted. There was a leceration of the cervix, which bled when touched. There was very little secretion from the uterus. The first injection of antitoxin was given on the day of admission. On the following day there was some improvement, but twenty-four hours later the patient relapsed, and died on the next day. Eighteen injections of 0.2 g. of the antitoxin were given at intervals of about five hours. A considerable leucocytosis was observed. The bacteriological examination of the lochial secretion, blood, colostrum, etc., gave negative results. In spite of these negative results as regards the presence of the tetanus bacillus or of tetanus-producing properties in the secretions, there was no question of the nature of the disease. In addition two other cases of puerperal tetanus occurred about the same time. Extirpation of the uterus was carried out, and the tetanus bacillus was found in the lochial secretion. Both cases followed a rapidly progressive and fatal course. The author then refers to the antitoxin treatment of tetanus and to the divided opinions as to its value. Mostly improvement has been noted at varying intervals after the injections. Beneficial effects have been very rare in severe forms of tetanus. The author says that in the majority of cases tetanus is not a fatal disease; according to Albertoni, 136 out of 176 recovered, namely, 78.9 per cent. It is a question as to whether in severe cases even larger doses should be employed. The treatment should be begun early. A difference in the properties of the antitoxin obtained from different sources is possible.

EDEMA AND APOPLEXY OF OVARY FROM TORSION.

Potherat and Lenoble (Bull. de la Soc. Anat. de Paris, vol. ix, part 13, 1895) examined two uterine appendages removed for what appeared to be left salpingitis and retroflexion. The left ovary was as big as a moderate-sized orange. Its pedicle was twisted three turns from left to right, but not firmly; the Fallopian tube was still permeable. On section, the swelling of the ovary was seen to be due to great edema, with extensive extravasations of blood. The essential ovarian tissue had disappeared. At points there were collections of new growth which the observers considered to be myxoma. The right ovary was as large as a small Tangerine orange; its pedicle was not twisted. Unlike its fellow, it contained a few Graafian follicles, but none held ova. There was no effusion of blood, but the ovary was edematous, and appeared to be the seat of myxomatous infiltration.

TRANSLATIONS FROM

Foreign Exchanges

BY DRS. CHANDLER AND DAVIDOW.

Conredi (Acc. medico-fisica, Florence) reports on experiments with the alkaloid of hymenodyction excelsum (cinchona excelsa).

The alkaloid has a very remarkable and energetic action upon the heart. Frogs were used for experimenting and their hearts isolated. The addition of 0.02 gm. of hymenodyctionin to 100 gm. of the circulating fluid causes first a short phase of irregularity in the heart's action, which is followed by a suddenly appearing diastolic pause. If now the usual circulating fluid is allowed to flow through a noticeable showing and strengthening of the heart's action, followed finally by a return to its normal action, is observed. Subsequent repetition of the experiments causes a repeating of the phenomenon as just described. If, however, the experiment be performed too often, a cessation of ventricular systolic action takes place while the auricles are relapsed, but still continue contracting. At the first mentioned, temporary, diastolic cessation of the heart's motion, the auricles are enormously dilated, while the ventricles show vermiform motions. The alkaloid is a nerve poison, rather that one directly affecting the heart, and shows certain analogies with the action of digitalis.

THE STERILIZATION OF WATER BY CHEMICALS.

Sacerdoli, of Turin, has made a large number of experiments to test the results reported by other investigators and with the following results:

Permanganate of potash 1-5 cg. pro liter of boiled water, which was subsequently infected with the bacilli of typhoid and of cholera, showed a sterilizing action only in the upper layers, while the bacteria continued to develop in the lower portions.

The action of chloride of calcium was more marked, but it must be remembered that the typhoid bacillus is unaffected by it. The addition of 0.25 gm. ac. tartaricum, or the same quantity of ac. citricum to the liter of water kills the cholera bacillus in ten minutes. To destroy the bacillus of typhoid a longer action and a more concentrated solution is necessary.

Ol. anisi is a good corrective of bad water; this destroying the typhoid bacillus inside of ten minutes.

Pinna — Pinlori reports on the logical examination of 50 cases of endometritis. The deductions were as follows: Aside from tubercular and decidual endometritis, all other forms may be divided into three chief groups, namely, e. glandularis, e. interstitialis and a composite form e. glandulo-interstitialis. The erosions of the cervix are not true ulcers but new growths springing from the substitution of cylinder epithelium for the normal pavement epithelium. The local treatment of the same is of little value so long as the deeper lying chronic inflammatory processes are not combatted.

The mucous polyps of this cavity of the uterus are the expression of a circumscribed e. glandularis chronica. The true adenoma is in no relation to it. The circumscribed fibromyomata no matter what their situation, lead to an e. glandulars or glandulo-interstitialis tropica diffusa.

The diffuse uterine myomatosis is accompanied by an e. interstitialis atropica.

Myomata, which projects into the uterus, lead to atrophy of the superjacent mucosa, and to a mild glandular hypertrophy of the remaining uterine mucous membrane.

Giacosa (r. accad. med., Turin) reports on a number of experiments to fix the minimal lethal dose of snake poisons and also in the great intensity of the same.

He succeeded in rendering animals immune to 250 times the minimal lethal dose.

The serum of snakes itself has, even in a dried condition, an immunizing action. The protective action of the serum of the animals, who have been immunized against the action of the snake poisons is transmissible.

Lucatello and Antoini (r. accad. di med., Genua) have experimentally proven that vesicants increase the antibacterial action of the blood-serum, and that they increase the number of lencocytes. The use ot epispastic remedies in infectious processes, as has long been customary in Europe, gets a theoretical basis through these experiments.

Dr. E. Cervello, in La Garrulita, reports a case of peculiar uterine fibroid.

On the 17th of July last, a patient was sent to the hospital for extirpation of the tumor. Family history good; age 47: three sisters older than herself, who had always enjoyed good health. Had noticed increase in size of abdomen about two years and six months. Latterly, it had increased rapidly. Dr. C. proposed giving a clinical lecture on the case when the physician, who had referred it to him, was present.

Scarcely had the patient been put in position, and the few remarks introductory to an examination made, than that fibroid calmly turned a somersault. Upon this the physician who had sent in the case disappeared, the students wept and the operation was postponed.

THE ETIOLOGY OF DYSENTERY.
By A. Celli and R. Fiocca, of Rome.

An examination by the authors of 62 cases of typical dysentery from Italy and Egypt, gave the result that the amoebae and especially the amoeba coli could not in all cases be considered the direct cause of the disease, for there were cases of epidemic, endemic and sporadic dysentery, with absolutely no amoebae. Again, amoebae may be destroyed by heat, and only the bacteria and its toxins experimentally administered, and yet a dysentery be the result. The amoeba coli is also often found in the intestines of perfectly healthy persons, both alone and together with other amoebae. In the case of patients suffering from dysentery the bacillus coli communis is usually found together with a transitory variety, which resembles the bacillus of typhoid. These again are often accompanied by streptococci, occasionally also by a proteus. The latter seems to change the b. coli commun. into the variety b. dysenteriae and it is possible to experimentally cause dysentery with them. This variety furnishes an unusually poisonous toxin that may be precipitated from the bouillon culture by alcohol, and which causes death in animals with great rapidity and without perceptible changes in the intestinal canal.

PERVERTIS ET INVERTIS SEXUELS; LES FETISCHISTS.
By P. Garnier.

Since the publication of Krafft-Ebing's work on "Psychopathia Sexualis," any amount of information on this subject, which had been pigeonholed as uninteresting to the general practitioner, is being brought to light.

Garnier (Ann d'Hyg.) reports the following cases of hetero-sexual fetischism:

1. Victor V., bad heredity, eccentric, loved silk since his 5-6 year. As child, admired to play with silk dolls, collected silk rags in the workrooms of dressmakers, dreamed of women clad in silk and owned a silk skirt, which he put on every evening.

Simply touching silk gave him the greatest pleasure. Placing silk on the abdomen caused ejaculations.

In crowds he would always rub himself against ladies dressed in silk and this caused his arrest on suspicion of theft.

2. A baker with bad heredity was arrested for cutting pieces out of ladies' cloaks.

For 8-10 years he had adored woolens, the contemplation and fondling of which, when worn by women, caused him erections and seminal emissions. In his room was found an enormous collection of bits of woolen cloth that he had cut from dresses.

3. Laurent P., Government employe, heredity bad and showing symptoms of degeneration, was known as an admirer of wet-nurses and nursery-maids, whom he always frequented and admired. On account of this continual molestation he was sent to the "Infirmerie Speciale." This patient admired the costumes as a whole, and not the separate parts. He had no sexual desires at the time, but merely enjoyed being in company with the nurses, while at home the thought of their costumes would cause erections and ejaculations.

4. A butcher, who on his admission wore female undergarments, felt in his tenth year an uncontrollable impulse to put on the chemise of his elder sister.

Yielding to this desire, which was often possible in his youth, caused erections with emmisio seminis. Upon becoming his own master he bought a complete female costume. Ruined financially by its cost he attempted suicide. Homosexual inclinations were entirely wanting. In the asylum he begged to be allowed to wear female clothing.

5. An official, aged 26 years, rather feeble minded, with a brother an epileptic, was arrested in a crowd for cutting several locks of hair from a young lady.

Three notes containing locks of hair were found in his pockets.

From his twelfth year he had been a worshiper of female hair. At the age of 17 he had been arrested and

sentenced for crowding up to a young girl and toying with her curls. The outlines distinctly visible through his clothes were the cause of the verdict.

6. The last case of Garnier's was an eater of human skin who was depicted as follows: "Eugene L, was caught cutting a large piece of skin out of his left arm.

L. was the son of an epileptic father and brother of a feeble-minded sister. Up to his seventeenth year there was marked incontinence of urine and his nature was brutal.

He had been turned out of school several times on account of stubbornness, although very religious and much given to reading pious books.

In his 12-13 year the sight of a fair haired, rosy cheeked maiden caused the thought that he would dearly like to bite a piece out of her skin and eat it. The thought became a fixed idea, and he bought a sharp pair of scissors in order to be able to accomplish his end more quickly.

He had often followed young girls for hours together, and refrained from attacking them only because he plainly saw that he would not have time to carry out his plan as far as swallowing the flesh.

Since a year, when unable to master his craving for young girls' skin, he had turned his fury against himself, and had cut the tenderest possible bits of skin from his own body and had eaten them, forcing himself to imagine that they were from a young girl. This act would cause him great sexual gratification. On his trunk and limbs there were many scars and some quite deep ones. This self-mutilation caused him the most acute pain, but this was surpassed by the intense psychic ecstasy. In the asylum he attempted suicide.

I wished to have an abstract from Wieworowski's article on the "Treatment of Condylomatons Syphilis with Blood Serum of Patients with Syphilitic Gummata," ready for this issue, but my Russian had gotten so rusty that I was obliged to give up the idea and fill in with other matter. It will be in these columns later.

CHANDLER.

Book Reviews.

Les Miseres De L'Enfance. Par Le Dr. John Lemoine, officer de L'Acadamie. A. Maloine, Lib. Medicale, 95 Boulevard St. Germain. Prix 1 fr. 50.

The author of this brochure presents in a concise and clear form, within a very narrow compass, a synopsis of most of the maladies and accidents of infancy and childhood. While there is much in it of interest and practical value to the physician, it is evident from the scope and manner in which it is presented it is rather intended as a popular contribution for domestic use.

As such, it is certainly comprehensive and useful, though we must take exception to the general scheme of placing in the hands of the laity remedies of great potency, which should never be administered except by skilled and experienced hands.

Miscellany.

TUBERCULOSIS AND THE LIBRARY.

The statement has passed current that a librarian of the city of Omaha, Neb., recently died of tuberculosis contracted from books which had been infected by consumptive patients. This report has naturally renewed the discussion regarding the danger of infection by means of public libraries. There are many physicians who are aware of cases in which some of the more actively contagious and portable diseases have been communicated by means of books, though not, perhaps, by the books of a public library. We recall, for example, instances in which scarlet fever was apparently communicated in this way. Practical experience, however, in the large cities, where there are well-patronized public libraries, seems to show that little danger is to be apprehended from

this source. This is particularly the case in cities that are supplied with proper health boards and with modern sanitary methods. The danger, so far as it exists, could only apply to a few diseases of the more active kind, like scarlet fever and perhaps small-pox. Regarding this latter disease, The Evening Post quotes the remarks of a Boston physician, who says that he has never known an instance where there were any grounds for believing that contagious diseases were carried by books in circulation in the public library. In the year 1872 a severe epidemic of small-pox prevailed in Boston, and the physician in question saw every patient and traced, where possible, the history. In no instance did he connect the infection with the use of books. As the circulation of this library is more than two million volumes a year, this evidence is very convincing. We understand, also, that the American Library Association has twice investigated the subject of books and contagion, and in no instance was it able to trace the spread of disease to the circulation of library books. The American Library Association might, perhaps, be considered a body not entirely without bias in favor of circulating books, but its investigations were apparently thorough.

Despite all this, it would be wise to exercise a sanitary supervision over the circulation of books. Their disinfection, when they have gone into neighborhoods that are at all suspicious, would be extremely easy, and the co-operation of a public library with the sanitary officers of the city might result in good to both parties and benefit to the public.—N. Y. Med. Record.

HONEY IN ERYSIPELAS.

Dr. C. E. Hayward, of Cropsey, Ill., writes: "Several years ago, while treating some bad cases of erysipelas, a lady asked me why I did not use the remedy they used in Montana. I asked her what that was; she said honey. I did use it and found it very effective, and since then have used it in every case of erysipelas on any part of the body. My first treatment is the external application of honey. I shave the head and face if necessary, spread the honey thickly on cloth, cut holes for the eyes if the face is the part affected, and change the application every three or four hours. I have never had it fail to relieve the pain, heart swelling and nausea and to shorten very much the attack. I also give internally the usual remedies for reducing the fever and stimulating the emunctories. Three or four days usually suffice to bring about convalescence under this treatment. I could report numerous cases, but would rather every physician would give it a trial, and I am sure he would find a practical addition to his armamentarium."—N. Y. Med. Record.

A NEW TREATMENT FOR FEVER.

A new curative treatment has been discovered by a Transvaal doctor. Having noted the fact that milk absorbs poisonous germs from a bucket, he decided that it might be possible to turn this germ-absorbing power to a therapeutic account. He put his ideas to the test, and now asserts that he has cured persons of small-pox, fevers, diphtheria, and other maladies by simply wrapping them in milk sheets. The patient is laid on a mattress covered with blankets, and is packed in a sheet just large enough to envelop the body. This sheet has first been saturated in a pint and a half of warm milk, and is applied to the body without wringing. After this treatment, which lasts about an hour, the patient is sponged with warm water, or is put into a warm bath.—Medical Press and Circular.

VACCINATION IN WHOOPING-COUGH.

G. Cavalieri (Gazz. d. Osped., June 1) reports that in 1894 he had more than 200 cases of pertussis under treatment. Almost all therapeutic measures proving useless it occurred to him to try the effect of vaccination. He vaccinated more than 100 children suffering from whooping-

cough, but only in 64 of these did the vaccine take. Of the 64 only one, a baby of four months, died, whereas before the vaccine was used there had been many deaths. The vaccination had a favorable effect on the course of the disease, both diminishing the violence of the paroxysms and shortening the duration of illness, the vaccinated cases recovering in from three to three and a-half weeks, while the unvaccinated cases either died within the same period or took eight or nine weeks to recover.

UNUSUAL SURGICAL CASES.

BY JOHN HOMANS, M. D.

(From Boston Med. and Surg. Jour., August 15, 1895.)

STONE IN BLADDER IN A GIRL OF FIVE.

Nucleus, a very sharp-pointed pin, removed by lithotomy through the base of the bladder. Cure.

I saw on the March 1, 1894, in consultation with Dr. Hazelton, at Wellesley Hills, L. L., a stout, healthy girl, who had been suffering for some weeks from frequent and painful micturition. On examination with a catheter, a stone was felt in the bladder, and soon afterwards the patient entered the Massachusetts General Hospital Urination was very frequent and agonizing, and was accompanied by screams. The urine contained pus, a large trace of albumin, uric acid, urate of ammonia and triple phosphate crystals. On March 23 the child was etherized and an attempt made to dilate the urethra and crush the stone with the lithotrite; but the stone was large, the bladder small, and it seemed to me more intelligent and more surgical to cut through the base of the bladder and remove the stone there. I was very glad that I did so, for the pin that was the nucleus of the stone might have been a difficult thing to have pumped out in the evacuator, and if it had not been removed another calculus would have formed The vagina was only large enough to admit my little finger, and using the finger as a guide I cut upwards through the base of the bladder with a curved sharp-pointed bistoury upon the stone, and removed it with forceps through the opening. I washed out the bladder, and tried to sew up the vesical opening; but the vagina was so small that I could not pass the sutures intelligently, and I contented myself with placing a Sims self-retaining catheter in the bladder. The stone was ovoid in shape, one and a half inches long by one quarter of an inch in width, and weighed one hundred grains.

I should not have troubled the society with the report of the case except for the very remarkable nucleus that the stone presented, and which accounted for the very frequent and painful attempts at micturition. From the smaller end of the stone projects the very sharp and polished point of a brass pin, and it was the pain caused by the pricking of the bladder, particularly when it contracted, that had given rise to the suffering and screaming. How the pin got into the bladder is a mystery, but probably the child herself inserted it in some way. In the course of a few months the opening spontaneously closed, and the child is now (April, 1895,) robust and well.

LAPAROTOMY FOR ONE HUNDRED AND TWENTY CHERRY-STONES AND SEVENTY PRUNE STONES IN THE SIGMOID FLEXURE.

In the spring of 1893 Dr. Norris, of Cambridge, sent to the hospital a man 27 years old suffering from frequent attacks of constipation and pain in the abdomen, which no treatment had relieved. He stated that ten years before, while in Denmark, he had eaten a grent number of cherries and prunes and had swallowed the stones, and that none of them had passed through his bowels. He had consulted many physicians, but his statement about the stones had never been credited. On etherization a tumor was found in the right iliac region; and on succession the rattling of small, hard bodies was heard. The abdomen was opened over the tumor, and the greatly dis-

tended sigmoid flexure came into view. Its walls were greatly hypertrophied, and the stones were painly felt and heard within it.

In the left and central pelvic cavity was a hard and flattened tumor, surrounding and involving the lower part of the sigmoid flexure and the upper part of the rectum, estimated to be about seven inches long, by three inches wide, and two inches thick, and was considered by me to be a malignant growth involving the sigmoid flexure and its surroundings. It was impossible to make a resection. The bowel was brought out through the wound, a glass rod was passed beneath it, and the external wound closed above and below the gut. On the third day, that is, forty-eight hours later, the gut was opened and several stones came out. Much fecal matter and some stones were found at every dressing of the wound, and in the course of four days one hundred and twenty cherry-stones and seventy prune-stones were found. They were very black in color, but were otherwise unaltered.

I saw the patient in December, 1894, twenty months after the operation. He had gained flesh and strength, and was working every day. He uses a contrivance of his own to retain his feces.

I will not report the case more at length to-night, as it has been already published in the Annals of Surgery for 1894, Vol. XIX, p. 672.

INDICATIONS FOR CHOLOCYSTECTOMY.

This operation is warranted in all cases in which there are such changes in the walls of the gall-bladder as to interfere with its functions; as in empyema or tumor.

Cholocystectomy is also indicated in all cases in which the gall-bladder is packed with calculi and its duct is impervous.

Cholocystectomy should be preferred, unless we are assured that the organ is wholly useless.

Choloclochotomy and a cysticotomy are indicated for stone in the duct, and these may be rendered more certain than results by the acid of cholelithotripsy.

The drainage of the subhepatic region provides us with the best guarantee of success.—Revue Med. de L'Est, Jan. 15, 1895.

TREATMENT OF REBELLIOUS NEURALGIA OF THE TRIFACIAL NERVE BY STRETCHING RATHER THAN BY RESECTION.

Israel and Thiersh have lately had such success with trifacial tension of the trigeminus that they have entirely abandoned section of the nerve. They have had several cases, with no failures in any, except one, in which there were sclerotic changes in the nerve elements.—Deutsche Med. Woch., No. 52, 1894.

LAMINECTOMY IN FRACTURE OF THE VERTEBRAE.

Saltzer reports the case of a painter who, while on a high staging, fell to the ground, but he was able to rise and resume work.

Five weeks later paroplegia gradually developed. For three months rest, extension, massage and electrization were faithfully tried without effect. Over the tenth dorsal vertebra a mass was felt, and an operation was decided on. He operated en deux temps; first making an incision from the sixth to the twelfth dorsal. A large abscess was opened and drained. Eight days later he removed the arcs of the tenth, ninth, seventh and sixth dorsal, without finding any special spinal lesion. He now extended his bone section to the eleventh and twelfth, when he discovered a dislocation with a narrowing of the canal. In spite of this vast sacrifice of bone and consequent weakening of the spine, by the aid of a strong corset the patient was able, after paralysis passed off, to move about and fully recovered.—Annales Des Scies. Med., Juillert, '95.